

PTO/SB/17 (12-04)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|--|---------------------|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 09/901,910-Conf. #7856 |
| | | Filing Date | July 11, 2001 |
| | | First Named Inventor | Haodong Li |
| | | Examiner Name | T. C. Gibbs |
| | | Art Unit | 1635 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | Attorney Docket No. | PF126P2 | |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 0.00 |

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

| | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | | |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
| 13 | - 43 = 0 | x | = | Fee (\$) Fee Paid (\$) |

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| 4 | - 6 = 0 | x | = |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|--------------------------------|----------------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| | - 100 = | /50 | (round up to a whole number) x | = |

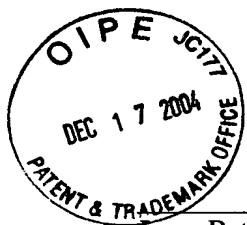
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

| | | | | | |
|-------------------|---------------|-----------------------------------|-------------------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 46,789 | Telephone | (240) 314-1224 |
| Name (Print/Type) | Mark J. Hyman | Date | December 17, 2004 | | |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Li et al.

Docket No.: PF126P2

Application No.: 09/901,910

Confirmation No.: 7856

Filed: July 11, 2001

Art Unit: 1635

For: Connective Tissue Growth Factor-2

Examiner: T. C. Gibbs

AMENDMENT AND RESPONSE UNDER 37 C.F.R. § 1.111

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 21, 2004, please consider the following amendments and remarks. Applicants submit concurrently herewith: (a) a Fee Transmittal Sheet; (b) a Supplemental Application Data Sheet; (c) a Supplemental Information Disclosure Statement attaching form SB08 and references AK to AO; and (d) a copy of the deposit receipt for Pasteur Institute Deposit Number CNCM I-2695.

Please amend the application as follows: